Sample Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

Name ____________________________

Last _____  First _____  Middle _____  Maiden _____

Present address

Number _____ Street _____ City ______ State ______ Zip _____

How long ______________ Social Security No. _____-_____-_____

Telephone ( )

If under 18, please list age __________________

Position applied for (1) __________________

and salary desired (2) __________________
(Be specific)

Days/hours available to work

No Pref _____  Thur _______
Mon _____  Fri _______
Tue _______  Sat _______
Wed _______  Sun _______

How many hours can you work weekly? ______________ Can you work nights? ___________________

Employment desired  ____ FULL-TIME ONLY  ____ PART-TIME ONLY  ____ FULL- OR PART-TIME

When available for work? ______________

<table>
<thead>
<tr>
<th>TYPE OF SCHOOL</th>
<th>NAME OF SCHOOL</th>
<th>LOCATION (Complete mailing address)</th>
<th>NUMBER OF YEARS COMPLETED</th>
<th>MAJOR &amp; DEGREE</th>
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<tbody>
<tr>
<td>High School</td>
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<td>College</td>
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<td>Bus. or Trade School</td>
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<td>Professional School</td>
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</tbody>
</table>

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  ____ No  ____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. ________________________________
APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER’S LICENSE?  ___ Yes  ___ No

What is your means of transportation to work?

Driver’s license number __________________________  State of issue ______  ___ Operator  ___ Commercial (CDL)  ___ Chauffeur
Expiration date ________________________________

Have you had any accidents during the past three years?  How many?
Have you had any moving violations during the past three years?  How Many?

OFFICE ONLY

Typing  ___ Yes  ___ No  ______ WPM  10-key  ___ Yes  ___ No  Word Processing  ___ Yes  ___ No  ______ WPM
Personal  ___ Yes  ___ PC  Other
Computer  ___ No  ___ Mac  Skills

Please list two references other than relatives or previous employers.

Name __________________________  Name __________________________
Position ________________________  Position ________________________
Company ________________________  Company ________________________
Address _________________________  Address _________________________

Telephone ( )  Telephone ( )

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.